



CITY OF SOMERVILLE, MASSACHUSETTS  
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT  
JOSEPH A. CURTATONE  
MAYOR

*DIVISION OF INSPECTIONAL SERVICES*

*BUILDING DEPARTMENT*

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

193 BROADWAY  
2 copies

Signed under the pains and penalties of perjury, this 25 day of NOV, 2011.

Kelly A Como  
Signature

KELLY A COMO  
Print Name





**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**  
APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE  
**PLEASE TYPE OR PRINT CLEARLY IN INK**

FOR OFFICE USE ONLY

FEE: 50.00  
DATE REC'D: 6/1/11  
ACCEPTED BY: JD  
DATE ISSUED: 6/1/11  
DATE DENIED: \_\_\_\_\_  
PERMIT NO.: BP-11-7561

1. LOCATION OF PROPERTY (NO. AND STREET) <u>193 Broadway</u>		MAP <u>77</u> BLOCK <u>0</u> LOT <u>1</u>	
2. NAME AND ADDRESS OF PROPERTY OWNER <u>193 Broadway LLC</u>			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER REGISTRATION NUMBER _____ TELEPHONE _____			
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER CONST. SUPER. LIC. NO. <u>3895</u> H.I.C. REG. NO. _____ SIGNATURE (REQ'D) _____ TELEPHONE _____			
5. ZONING DIST.	TYPE OF PERMIT:	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD	<input checked="" type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
7. CURRENT USE(S) <u>Residence</u>		PROPOSED USE(S) _____	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>3</u>		USE GROUP _____	
9. ESTIMATED CONSTRUCTION COST <u>1,000</u>		_____	
10. WHAT IS THE CONSTRUCTION TYPE? <u>REPAIR Porch</u>		PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE	RIGHT SIDE	LEFT SIDE
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?		RIGHT SIDE	LEFT SIDE
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER _____		NUMBER OF STORIES _____	
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, GIVE COMMISSION APPROVAL DATE _____	
16. WASTE DISPOSAL COMPANY _____		DISPOSAL SITE ADDRESS _____	
17. DEMOLITION: HAS DEPT. NOTIFICATION FROM BEEN COMPLETED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		_____	

**DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION**  
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

REPAIR of 1 story Porch as is

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO  
THE BEST OF MY KNOWLEDGE.



**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE  
PLEASE TYPE OR PRINT CLEARLY IN INK

PLAN REV # 18517  
FOR OFFICE USE ONLY  
FEE 126.00  
DATE REC'D 3-25-10  
ACCEPTED BY AB  
DATE ISSUED 6/7/10  
DATE DENIED  
PERMIT NO. BP-10-5923

MAP 77 BLOCK D LOT 1

1. LOCATION OF PROPERTY (NO. AND STREET)		193 Broadway	
2. NAME AND ADDRESS OF PROPERTY OWNER		193 Broadway LLC	
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER			
REGISTRATION NUMBER		TELEPHONE	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER		TELEPHONE	
CONST. SUPER. LIC. NO. CS 97105		LIC. REG. NO.	
5. ZONING DIST. CDD 55		TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD 1		<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input checked="" type="checkbox"/> OTHER	
7. CURRENT USE(S) Ice Cream Shop		PROPOSED USE(S) Ice Cream Shop	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP B	
9. ESTIMATED CONSTRUCTION COST 7000.00		PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10. WHAT IS THE CONSTRUCTION TYPE? re cover work		FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE	
11. LOT DIMENSIONS AREA		FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE	
12. PROPOSED SETBACKS		TOTAL SQUARE FOOTAGE NUMBER OF STORIES	
13. HEIGHT OF STRUCTURE (FT.)		14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER		15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE	
16. WASTE DISPOSAL COMPANY		DISPOSAL SITE ADDRESS	
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

**DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION**  
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Take down & re-cover existing awning structure  
and re-insulate

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
PLUMBING/GAS/FITTING	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT  
NOTES: 2. HEAT LOSS INFO REQUIRED  
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO  
THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

Print Name Clearly

Street

City

Phone number where you can be reached (day)

APPROVED

Inspector Name and Title